



Patient Visit Intake Paperwork

TODAY'S DATE: _____

NEW VISIT FOLLOW-UP VISIT

PATIENT NAME: _____ DATE OF BIRTH: _____

Has your medical coverage, address or pharmacy changed from your last visit? Y N

REASON FOR YOUR VISIT

__ Medication Refill __ Medication Change __ Post-Procedure Assessment __ Review MRI/test results __ Other

Would you like to schedule your next appointment before you leave? Yes No

If so, please enter desired appointment below:

Date: _____ Time: _____

TOBACCO SCREENING (circle one answer per question)

Do you smoke? NO YES How many years? _____

Do you use smokeless tobacco? NO YES How many years? _____

Are you ready to quit? NO YES N/A

If you quit using tobacco, when did you stop? _____

MEDICAL SCREENING (circle one answer per question, if applicable within the past year)

Colonoscopy: NO YES N/A When? _____

MALE

FEMALE

Prostate (PSA): NO YES N/A

PAP Smear: NO YES When _____

Last Menstrual Period: _____

Mammogram: NO YES When _____

PAIN MANAGEMENT

Location of Pain: _____

On a scale from 1-10 (1 being the best, 10 being the worst) rate your pain for the past month:

_____ Pain at its WORST _____ Pain at its BEST

_____ Average Pain Level _____ Pain level TODAY

CIRCLE YOUR STRESS LEVEL TODAY 1 2 3 4 5 6 7 8 9 10

How often do you do your TIPI stretches at home? _____ days per week

If you are taking any of the following medication, when was your last dose?

NORCO 10mg/325mg _____ days ago

SOMA 350mg _____ days ago

COMMENTS:



Office Use Only:

Urine Drug Screen: _____
Height _____ BP _____
Weight _____ Pulse _____
Pregnancy Test _____ NarxScore: _____
Vaccination Status: _____

P.A. Stretch:

Wall Stretch:

Side to Side Stretch:

Wall Squat:

Patient's blood pressure was recorded to be _____. Discussed in detail Elevated BP and long term effects of uncontrolled High BP i.e. CVA, MI, Impotence (for males) and premature death. We informed patient that his/her next stop should be his/her PCP or urgent/emergency care because Hypertension is life threatening.

Patient's Signature

Doctor's Signature

Witness

Date